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DECLARAT	ION FOR UTILITY OR	Att rn y D cket Numb r	PC11094AGLK			
	DESIGN	First Named Invent r	Jinyang Hong, et al.			
PATEN	IT APPLICATION	COMPLETE IF KNOWN				
	7 CFR 1.63)	Application Number	To be assigned			
Declaration submitted with Initial Filing	Submitted after Initial	Filing Date	Herewith			
		Group Art Unit	To be assigned			
		Examiner Name	To be assigned			

As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
NMDA RECEPTOR AGONIST PHARMACEUTICAL COMPOSITIONS									
L		(Title of the Invention)							
the specification of which  is attached hereto									
OR ☐ was filed on (MM/DD/	YYYY)	as United	States Application N	umber or PCT Interr	national				
amended by any amendment	ewed and understand specifically referred t								
		ch is material to patentability as de							
certificate, or 365(a) of any F	CT international appli	S.C. 119(a)-(d) or 365(b) of any for cation which designated at least on w, by checking the box, any foreign ag date before that of the application	one country other the In application for pa	ian the Office Siz	iles oi				
or of any PCT international application having a filing date before that of the application on which priority is claimed.  Prior Foreign Application Number(s)  Prior Foreign Application Number(s)  Country  Foreign Filing Date (MM/DD/YYYY) Not Claimed  Priority Not Claimed  YES NO									
☐ Additional foreign applicatio	n numbers are listed o	on a supplemental priority data sh	eet PTO/SB/02B at	tached hereto:					
		of any United States provisional a							
Application Number(s)  Filing Date (MM/DD/YYYY)  12/13/2000  Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B sheet attached hereto.									



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DECLARATION Utility or Design Patent Application													
I hereby claim the benefit under 35 U.S.C: 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 U.S.C. 1.56, which became available between the filing date of the prior application and the national or PCT International filing date of this application.													
U.S. Parent		Number or PC	T Parent		nt Filing ( I/DD/YYY						tent Num olicable)	ber	. }
				(****									
Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.  As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent													
		cted therewith:	Customer Number		.(0) 10 proc	, o possessio www opp			Place Customer Number Bar Code Label here				
	160	,	Regist	ered practition	er(s) name	/registration	number	listed belo	I ow		L	Labernere	-
	Name			Registration Number				ame			R	egistration Number	
· · · · · · · · · · · · · · · · · · ·		ned on suppl storner Nur Bar Code L	Number		A. Dea Mervir Valeric Bryan Rober B. Tim Alan L Jolene Kristin Seth I Marthi Grego E. Vic Todd I Roy F Adriar Jeffre Miche Marthi Raym				28,587 31,185 32,723 33,688 34,462 36,257 39,156 37,371 35,428 37,864 32,140 31,820 36,647 35,492 37,807 42,208 41,406 41,213 36,271 47,811 30,695		elow		
Name	Gregg C. B	enson										<del> </del>	
Address	Pfizer Inc.										<u>-</u> -		
Address		artment, MS 41	59, Eastern		<del></del>	CT			in Co	do 1	06240		
City	Groton	on Of America	1 -	State				de 06340 1-(860)-441-5221					
I hereby declibelieved to be punishable by	Country United States Of America Telephone 1-(860)-441-4901 Fax 1-(860)-441-5221  I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.												
Name of Sol	le or First In	ventor:	A petition h	as been filed	for this	unsigned i	nventor						
	Given Name	(first and middle	e [if any])					Family N	Vame o	or Sun	name		
Jinyang		·		اـــــا	Hong								
Inventor's Signature		10	22	5						Date		12-05-01	
Residence:	City	Stonington		State	CT	Coun	try U	SA		Citiz	enship	China	
P st Office	Address	173 Dawley					<del></del>						
Post Office	Address	235 East 42				<del></del>							
City		New York	State		Zip	10017		C untr			States		
I I Additio	onal inventors	s are being nam	ied on the s	supplementa	ıı Additior	nai inventi	or(s) she	et(s) PT	U/SB/	UZA at	ttached he	ereto.	



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## **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sh et

Name of Additional Joint	Inventor, if any	<u>   D</u>	A petition	ion has been filed for this unsigned inventor						
Given Name (f		Family Name or Surname								
Y sook				Kim						
Inventor's Signature	M.S.K	m)					Date	12/05/2001		
Residence: City	Branford		State	СТ	Country	USA	Citizenship	United States		
P st Office Address	47 Quarry Docl									
P st Office Address	235 East 42 <sup>nd</sup> S	Street								
City	New York	State	NY	Zip	10017	Country	United States			
Name of Additional Joint	Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor									
	irst and middle [if					Family Name	or Surname			
Inv ntor's Signature							Date			
Residence: City			State		Country		Citizenship			
P st Office Address										
P st Office Address										
City		State		Zip		Country				
Name of Additional Joint			A petiti	on has bee	n filed for thi	s unsigned inven				
Given Name (f	irst and middle [it	fany])				Family Name	or Surname			
Inventor's Signature			and a	-			Date			
R sidence: City	-		State		Country		Citizenship			
Post Office Address			-							
P st Office Address										
City		State		Zip		Country	<u></u>			
Name of Additional Joint	Inventor, if any	:	A petiti	on has bee	en filed for thi	is unsigned inver	ntor			
Given Name (f	irst and middle [it	fany])		·		Family Name	or Surname			
Inventor's Signature							Date			
Residence: City			State		Country		Citizenship			
P st Office Address										
Post Office Address								·		
City		State		Zip		Country				

